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22840 7590 10/04/2007

GE HEALTHCARE BIO-SCIENCES CORP.

PATENT DEPARTMENT

800 CENTENNIAL AVENUE

PISCATAWAY, NJ 08855

10/12/2007 INTEFSW 00005289 10722061

01 FC:1501 1440.00 DA  
02 FC:1504 300.00 DA

Submitted via EFS

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MELISSA LECK (Depositor's name)  
(Signature)  
12 OCTOBER 2007 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/722,081

11/25/2003

Robert Karlsson

B 519

4156

TITLE OF INVENTION: METHOD OF DETERMINING SITE-SPECIFICITY AND KIT THEREFOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1440

\$300

\$1740

01/04/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
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LAM, ANN Y

1641

435-040500

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

1 YONGGANG JI

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

BIACORE AB

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

UPPSALA, SWEDEN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies

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- ☐ A check in the amount of the fee(s) is enclosed.  
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☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 502590 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date 12 OCTOBER 2007

Typed or printed name YONGGANG JI

Registration No. 53073

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